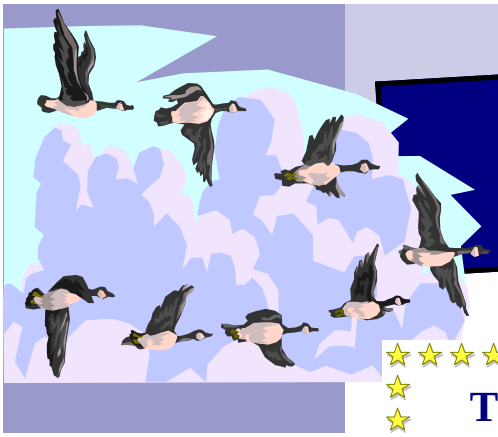

TRICARE Northwest

Volume 1, Issue 5 January 1, 1999

TRICARE Prime Patients Satisfied in Region 11

A recent survey of military families and sponsors in TRICARE Northwest indicated that people who are enrolled in the TRICARE Prime health care option are very satisfied with the care they receive. The survey was part of an evaluation of TRICARE Northwest's performance by the Center for Naval Analysis, and the Institute for Defense Analysis.

Survey respondents expressed high satisfaction with both their access to health care under TRICARE Prime and with the quality of the care. Those enrolled with a civilian primary care manager (PCM) tended to be more satisfied with the access than those who were enrolled with a military PCM.

Survey findings were that the use of preventive care increased under TRICARE, and use of emergency room facilities decreased. The availability of needed care increased, as did respondents' satisfaction with the ease of making appointments. The survey indicated a decrease in the waiting time for appointments.

The evaluation also looked at the quality of care provided to beneficiaries. The two major aspects of quality studied were: meeting national quality standards set forth by the Department of Health and Human Services (DHHS); and quality of care as perceived by TRICARE-eligible sponsors and families. The Region's TRICARE program met most of the DHHS quality standards, and actually exceeded DHHS national goals in a majority of the areas checked. TRICARE Prime enrollees with civilian PCMs reported higher levels of satisfaction in most areas measured than enrollees who were assigned to military PCMs.

The total cost to the government of TRICARE implementation in TRICARE Northwest

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Calendar of Events

Jan. 1: New Year's Day

Jan. 14:
Strategic Planning Meeting, Ft. Lewis Golf Course, Tacoma, WA

Jan. 18 : Martin L. King Day

Jan. 26-28:
HBA Course, Ft. Lewis Golf Course, Tacoma, WA

Jan 31 - Feb. 5:
National TRICARE Conference, Washington, D.C.

Feb. 15 : All Presidents Day

Mar. 1: Group Health Transition

Hepatitis C Lookback

If you received a blood transfusion prior to July 1992, the Department of Health and Human Services (DHHS) recommends that you be tested for the Hepatitis C Virus (HCV). Prior to that date, there was no effective test to determine incidence of the disease.

The project, called HCV Lookback, will also involve notification of those who received blood just after this test was in use that they should be tested, because donors in the early stages of the disease may not have been identified due to early gestation of the disease.

Hepatitis C is a liver disease caused by HCV infection. If you test

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Hepatitis C Lookback, contd.

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positive, chances are that you have chronic liver disease.

Many who have Hepatitis C have no symptoms and feel well. The most common symptom for some is extreme tiredness. About 4 million Americans are infected with HCV and don't know it. While severity of the disease differs from person to person, most who have HCV will carry it for the rest of their lives. HCV contributes to cirrhosis of the liver and liver failure for those most affected by the disease in the later stages.

HCV is most commonly spread through exposure to blood; it can also be spread by sex, but this is rare. If you suspect that you may have HCV, you should avoid sharing toothbrushes, razors or other personal care items that may have blood on them; by not donating blood, body organs, tissue or sperm; and by covering sores and cuts on the skin.

While there is no vaccine available to prevent HCV, there are anti-viral medicines approved for persons with chronic HCV. Treatment is effective in about 2-3 out of every 10 persons treated. You should check with your doctor as soon as possible if you test positive for HCV.

Surveillance Activities

by Maj MaryAnne Havard, USAF

When the first TRICARE managed care support contract was awarded in late 1994, a contract surveillance plan had not yet been developed. There was no precedent for such activity, although there were over 1500 separate items to be monitored. Since then, that number has gradually diminished as non-problematic requirements were eliminated and a refined focus for surveillance developed. Today, the surveillance plan remains a living document that undergoes frequent change to meet regional requirements, incorporating the latest surveillance theory suggestions to improve plan activities. The Government currently leans toward outcome measurements versus a step by step examination of processes in developing contract requirements. This tends to minimize cumbersome Government inspections, while requiring contractors to develop and conduct quality control activities that reflect the best business practices/ standards.

While there will always be mandatory compliance items that must be checked, not all items on the surveillance plan are continuously monitored. Some items are checked monthly, others quarterly, semi-annually, or annually. When conducting surveillance, contractor performance is compared against contractual requirements to determine compliance with the contract. The TRICARE Northwest plan looks at resource sharing/support, provider network development, provider education, marketing and beneficiary education services, enrollment activities, contingencies for mobilization, and MTF specific contract requirements, among others.

> The surveillance plan is but one tool used to evaluate contractor performance...

Contracting Officer Technical Representatives (COTRs) at each medical treatment facility, and Lead Agent functional area experts conduct contract surveillance. Alternate Contracting Officer Representatives (ACORs) monthly summarize and report surveillance activities. The reports are used as tools to identify problem and success areas, trends, areas for additional emphasis and training, and/ or opportunities for improvement through Government/Contractor partnering.

The surveillance plan is but one tool used to evaluate contractor performance, however, and is not intended to be an all-inclusive thermometer of contract performance. All MTF and Lead Agency Staff are charged to assist in regional surveillance activities by keeping their eyes and ears open. Contractor performance personally observed or heard about from our beneficiaries, whether good or poor, can help identify contractor problems and successes. Suspected contract noncompliance should always be brought to the attention of the COTRs at each MTF and forwarded to the ACOR, if validated. In this manner, performance is documented for MTF and regional trend analysis. Substantiation of contract non-compliance may also serve as justification for a formal contractor deficiency report, notifying the contractor in writing that performance is not meeting standards.

TRICARE Prime Patients Satisfied in Region 11, contd.

(Continued from page 1)

dropped slightly from FY 1994 to FY 1996. While outpatient costs increased under TRICARE at military hospitals, inpatient costs were significantly reduced. Some of the increased costs to the government at service hospitals were attributed to the fact that some non-active-duty beneficiaries may have obtained prescriptions from civilian physicians and had them filled, free of charge, at a military pharmacy.

Total government costs for care under TRICARE in the civilian sector were markedly lower here than they were before TRICARE. However, administrative costs for Foundation Health Federal Services proved to be higher under TRICARE than for the pre-TRICARE period, resulting in a slight overall increase in civilian-sector costs for the period studied. TRICARE officials note that administrative costs have been reduced on subsequent TRICARE contracts.

When additional costs, including system-wide overhead and administrative costs, were also factored in, total government TRICARE costs in Region 11 were virtually the same as for the pre-TRICARE period (about $526 million). The survey concluded that, overall, the objectives of improving the access to and quality of health care, while lowering both government and beneficiary costs, appear to have been met in TRICARE Region 11 in FY 1996.

New Law Limits Billing Amounts for TRICARE Non-Participating Providers

Health care providers who provide services to TRICARE patients, but who don't "participate" (also known as "accepting assignment") in TRICARE, are now limited by federal law in how much they can charge TRICARE patients for the services they provide. Non-participating providers may charge no more than 15 percent above the TRICARE allowable charge for their services.

The billing restriction for non-participating providers was contained in Section 9011 of the Department of Defense Appropriations Act of 1993 (Public Law 102-396), and was effective on Nov. 1, 1993. The billing limitation is the same as that used by Medicare.

Providers who will no longer be exempt from this billing limit, as of Jan. 1, 1999 are: pharmacies, ambulance companies, independent laboratories, durable medical equipment and medical supply companies, mammography suppliers, and portable x-ray companies. X-ray companies that are in a fixed location are not currently exempt from the billing limit.

Any TRICARE patient who has been charged in excess of these limits by a TRICARE provider should ensure the provider has a copy of the TRICARE contractor's Explanation of Benefits (EOB). This will allow the provider to calculate the amount of the refund that's required. Patients who can't resolve the situation with the provider may write a letter of complaint to the TRICARE claims processing contractor for the state in which the patient lives. The contractor will send the provider a letter that explains the legal requirement and asks that the provider refund any charges in excess of the limits to the patient within 30 days.

If the provider doesn't respond to the contractor's letter by complying with the law, and the patient complains to the contractor about the non-compliance, the contractor notifies the TRICARE Management Activity's Program Integrity Branch. Program Integrity sends a stronger letter to the provider, which details the legal requirements and states the penalty for failure to comply.

A provider who doesn't comply with the refund request may ultimately have his or her authorization to provide services to TRICARE patients withdrawn.

Notification of a provider's exclusion from the TRICARE program is sent to other government programs, such as Medicare and Medicaid, and the Federal Employees Health Benefits Program (FEHBP).

Medicare+Choice Update

The Balanced Budget Act of 1997 (BBA) established a new program called Medicare+Choice (M+C) that significantly expands the health care options available to Medicare beneficiaries including those enrolled in TRICARE Senior Prime (TSP). Alternatives available to beneficiaries under the M+C program include: M+C coordinated care plans, including HMO plans, provider sponsored organization plans; preferred provider organization plans; M+C medical savings account (MSA) plans (combination of a high deductible M+C health insurance plan and a contribution to an M+C MSA); and M+C private fee-for-service plans.

M+C changes also effect out of area medical coverage, appeals and grievances, enrollment and a variety of other Medicare benefits. A revised Medical Coverage Agreement (MCA) incorporating the new M+C changes will be published in March 1999 and distributed to all TSP enrollees.

Questions concerning TSP may be directed to the TRICARE Service Center dedicated line for TSP - 1-800-878-9667.

"Long" Length of Stay" Reports: QUANTUM and TRENDPATH

"Long" Length of Stay" reports for FY 98 & 99 have been disabled due to the deletion of standard day cutoff values from OCHAMPUS DRG weight tables for FY 1998 and onwards. For TRENDSTAR users, the CHMASTERyy. BMK benchmarks for FY98 & 99 will continue to be available, but will show "0" as the standard day cutoff value for most DRGs. Pediatric and neonatal diagnoses are not affected. FY 96 & 97 benchmarks are not affected. (Posted 11 Dec 98)

New Medicare Reports: Two new Medicare Reports (Interim Payments and Managed Care Efficiency), provided in CEIS Version 1.7, have been released. In future releases, claims data will be included. They can be found in QUANTUM -> Resource Management -> Medicare Financial Menu.

New Ambulatory Reports are Here: These ambulatory reports, which are accessed through the Trendpath "Utilization and QM" icon. For example: FY98 CEIS Region 11 OP DC Ambulatory includes the following:

- FYXX Outpatient Visits by Age Group - FYXX Outpatient Visits by Month
- FYXX Outpatient Encounters by BENCAT
- FYXX Outpatient Encounters by Provider

These updates and other CEIS information can be found on the Region 11 CEIS Home Page at http://tricarenw.mamc.amedd.army.mil/frames/operations/default_main.ht m

CEIS Training Now Available on the Web!

In an effort to better meet and serve the training needs of our customers, the CEIS Program Management Office will be moving all CEIS: Quantum/Trendpath Training to its web address (www.CEIS.ha.osd.mil).

That's right, no more traveling to various locations to attend CEIS Basic User Training, just think of all the monies that will be saved in TAD/TDY cost for the year! Imagine taking the CEIS courses at your leisure, at a time and place convenient for you!

CEIS users will continue to receive the same quality of support they have become accustomed to receiving. With the new web-based CEIS Basic User Training delivery method, the CEIS Instructor, System Administrator and Data Analysts will still be available to help and assist you through this new training process. We will be happy to address any questions you may have concerning program functionality, system issues, data quality and data integrity. To address these issues, we are available by telephone by calling 253-968-0424/253-968-2902/253-968-2470, respectively, from 0700 to 1530, Monday through Friday.

The projected deployment date for the CEIS: Quantum/Trendpath Distance Learning Tool is 18 January 99. I encourage each one of you to pass the word about this new training tool and tc take advantage of this great opportunity!

Trendstar classes will still be offered as "Live Training", at a centralized location in the region as the interest and requests for training arise.